



DATE: _____ PERMIT NO: _____ TAX KEY NUMBER: _____

OWNER'S NAME: _____ PHONE NUMBER: _____

JOB SITE ADDRESS: _____

FIXTURES & CONNECTIONS

(NUMBER OF ITEMS THAT APPLY)

_____ Water Closets	_____ Hot Water Heaters	_____ Garbage Disposal
_____ Bath Tubs	_____ Dishwasher	_____ Catch Basin
_____ Sinks	_____ Urinals	_____ Bar Connection
_____ Laundry Trays	_____ Showers	_____ Water Softener
_____ Floor Drains	_____ Storm Sump	_____ Other
_____ Wash Basin	_____ Sanitary sump	_____ Sill Cocks
_____ Wash Machine Box		

# _____ of fixtures @ \$15.00 per fixture	
Connection to main sewer, holding tank/mound \$88.00 plus \$.66 per ft. for each ft. over 100 ft.	
_____ Water service connection @ \$88.00 plus \$.66 per ft. for each ft. over 100 ft.	
Storm sewer installation \$88.00 plus \$.66 per ft. for each ft. over 100 ft.	
Building sewer abandonment @ \$66.00	
Septic tank abandonment @ \$77.00	
Well abandonment or registration @ \$77.00	
Sanitary building drain @ \$88.00 plus \$.66 for each ft. over 100 ft.	
Storm building drain @ \$88.00 plus \$.66 for each ft. over 100 ft.	
TOTAL PERMIT FEE:	
TOTAL ESTIMATED JOB COST:	

Deleted: Water service connection @ \$88.00 plus \$.66 per ft. for each ft. over 100 ft.

RE-INSPECTION FEE: \$138.00

MINIMUM FEE: \$66.00

ALL FEES EFFECTIVE JANUARY 2007

It is hereby agreed between the undersigned (as owner or agent) and they the Village of Sturtevant, that for and in consideration of the premises and of the permit for the execution of plumbing installation for pipes, drain, fixtures, etc. as above described, to be issued and granted by the inspector of buildings, that the work will be done in accordance with the descriptions set forth in this statement, and it is further agreed to alter or install same in strict compliance with the Ordinances of the Village of Sturtevant, with Wisconsin Statutes and Administrative Code, and to obey any and all lawful orders of the Plumbing Inspector of the Village of Sturtevant. Inspections shall be one trip for the rough, and final, and building service, with one re-inspection if needed. Additional trips, the re-inspection fee will apply per trip. To schedule inspections call (262) 884-2488.

PLUMBERS NAME: _____ LICENSE #: _____ PHONE: _____

BUSINESS ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

APPLICANTS SIGNATURE: _____

APPROVED BY: _____ DATE: _____

PLUMBING INSPECTOR